

## WIC PROGRAM REPAYMENT AGREEMENT

I, \_\_\_\_\_, agree to repay \$\_\_\_\_\_ to the WIC Program for benefits fraudulently received. I will make payments as scheduled below. Failure to make the payments as scheduled may result in all family members being disqualified from the WIC Program until full repayment is made.

Date	Amount	Balance
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<b>SIGNATURE</b> – WIC Participant/Parent/Proxy	Date Signed
<b>SIGNATURE</b> – Local Project Director or Designee	Date Signed
WIC Project Name	WIC Project Number